pplication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Tuc 9 200 1000

			SMALL ENTITY TYPE			OTHER SMALL						
TOTAL CLAIMS			31.					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA BASIC		ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3/y minus 20= *			14		X\$ 9= ·		OR	X\$18=	288
INDEPENDENT CLAIMS			/ minus 3 = *			5		X40=		OR	X80=	400
MULTIPLE DÉPENDENT CLAIM PRÉSENT								+135=	-	OR	+270=	·.
f the difference in column 1 is less than zero, enter						olumn 2	٠. ا	TOTAL			TOTAL	1998
CLAIMS AS AMENDED - PART II										,	OTHER	THAN
W.		(Column 1)		(Colur		(Column 3)	<u> </u>	SMALL E	NTITY	OR	SMALL	NTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL- FEE	,	RATE	ADDI- TIONAL FEE
WON	Total		Minus	**		=		X\$ 9≐	=	OR	X\$18=	3
AME	Independent	ATATION OF M	Minus	***	CL AIM	=		X40=	- 4	OR	X80=	
	GIROI FRESE	MIATION OF MI	ETIPLE DEPENDENT CLAII					¥135=**	-	ÖŘ	+270≅	,
							Δ.	TOTAL DIT. FÉE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	200					
MENDMENTE		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	A 86 A	RATE	ADDI- TIONAL FEE
	Total Cont		Minus	**		· =		X\$ 9=		OR	X\$18=	
	Independent		Minus	***				X40=		OR'	⊶X80= ·	
	FIHSTIPHESE	NTATION OF MU	JUINPLE DEP	ENDEN	CLAIM		<b>」</b>	+135=		OR.	<u>+</u> 270=	
ر مارت		prode			a 41 <i>1</i>		AC	TOTAL DIT: FEE	•	OR,	TOTAL ADDIT-FÉE	
1	raci la x c	(Column 1)		(Colui	mn 2)	(Column 3)	<u>)</u>					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
AMENDMENT C'		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	1 [	X\$ 9=	t days	OR"	X\$18=	ï
	Independent	*	Minus	***	T CL AIRA	<u> </u>	┨┞	X40=	•	OR	X80=	
نبا	FIRST PRESENTATION OF MULTIPLE DEPENDENT						<b>-</b>	+135=		OR	+270=	1
	<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> </ul>									ΔB	TOTAL ADDIT. FEE	
***	If the "Highest Nu	mber Previously P mber Previously Pa	aid For IN THI	S SPACE	is less tha	n 3, enter "3."	AL.	DIT. FEE	propriate box			